



ANNUAL STATEMENT
For the Year Ending December 31, 2004
OF THE CONDITION AND AFFAIRS OF THE
CARE CHOICES HMO

NAIC Group Code	0000	0000	NAIC Company Code	95452	Employer's ID Number	38-2694901
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[X] No[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated	07/08/1986		Commenced Business	01/01/1987		
Statutory Home Office	34605 Twelve Mile Road		Farmington Hills, MI 48331			
	(Street and Number)		(City, or Town, State and Zip Code)			
Main Administrative Office	34605 Twelve Mile Road		Farmington Hills, MI 48331			
	(Street and Number)		(Area Code) (Telephone Number)			
Mail Address	34605 Twelve Mile Road		Farmington Hills, MI 48331			
	(Street and Number or P.O. Box)		(City, or Town, State and Zip Code)			
Primary Location of Books and Records	34605 Twelve Mile Road		Farmington Hills, MI 48331			
	(Street and Number)		(Area Code) (Telephone Number)			
Internet Website Address	www.carechoices.com		(248)489-6292			
	(City, or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Statutory Statement Contact	Donna J. West		(248)489-6292			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	WESTD@trinity-health.org		(248)489-6191			
	(E-Mail Address)		(Fax Number)			
Policyowner Relations Contact			(Street and Number)			
			(City, or Town, State and Zip Code)			
			(Area Code) (Telephone Number)(Extension)			

OFFICERS

Name	Title
William R. Alvin	President (and CEO)
Jeanne M. Dunk	Secretary
Michael R. Koziara	Treasurer (CFO)
Gilbert Burgos MD	Chief Medical Officer

OTHERS

DIRECTORS OR TRUSTEES

James H. Peppiatt-Combes
William R. Alvin
Mary Ellen Howard RSM
Kevin McDonald
Garry Faja

Jay Herron
Howard B. Weinblatt MD
Ronald Collins
Paul Hughes-Cromwick
Diane Dabrowski

Paul Harkaway MD
Molly Resnik
Michael Slubowski
AkkeNeel Talsma

State of Michigan
County of Oakland ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
William R. Alvin	Jeanne M. Dunk	Michael R. Koziara
(Printed Name)	(Printed Name)	(Printed Name)
President (and Chief Executive Officer)	Secretary	Treasurer (Chief Financial Officer)
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
day of , 2005	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....	.....	.....	.....	.....	.....	.....
Group Subscribers:						
VISTEON	414,682	2,697	.....	.....	.....	417,379
DAIMLER CHRYSLER	350,041	.....	.....	.....	.....	350,041
0299997 Subtotal - Group Subscribers:	764,723	2,697	.....	.....	.....	767,420
0299998 Premium due and unpaid not individually listed	748,718	.....	.....	.....	.....	748,718
0299999 Total group	1,513,441	2,697	.....	.....	.....	1,516,138
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 12) ...	1,513,441	2,697	.....	.....	.....	1,516,138

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables - Not Individually Listed						
Express Scripts Inc.	552,882	301,278				854,160
Merck	90,000	328,123		3,796	3,796	418,123
0199998 Subtotal - Pharmaceutical Rebate Receivables - Not Individually Listed	902,582	218,209				1,120,791
0199999 Subtotal - Pharmaceutical Rebate Receivables	1,545,464	847,610		3,796	3,796	2,393,074
0299998 Subtotal - Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Subtotal - Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Subtotal - Capitation Arrangements Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangements Receivables						
0599998 Subtotal - Risk Sharing Receivables - Not Individually Listed	29,710					29,710
0599999 Subtotal - Risk Sharing Receivables	29,710					29,710
0699998 Subtotal - Other Receivables - Not Individually Listed	84,361					84,361
0699999 Subtotal - Other Receivables	84,361					84,361
0799999 Gross health care receivables	1,659,535	847,610		3,796	3,796	2,507,145

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
ST JOSEPH MERCY HOSPITAL	120,321					120,321
REGENTS OF THE UNIVERSITY OF MICHIGAN	111,280					111,280
CHELSEA COMMUNITY HOSPITAL	71,496					71,496
PROVIDENCE HOSPITAL	63,092					63,092
OAKWOOD HOSPITAL	59,596					59,596
EPMG OF MICHIGAN	52,261					52,261
ANN ARBOR HEMATOLOGY ONC	43,707					43,707
HURON VALLEY RAD ASSOC	42,588					42,588
JEROME D WINEGARDEN	40,145					40,145
ST JOHN HOSPITAL & MEDICAL	33,286					33,286
HURON VALLEY SINAI HOSPITAL	32,911					32,911
HARPER-HUTZEL HOSPITAL	30,606					30,606
CHILDRENS HOSPITAL OF MICHIGAN	29,727					29,727
REG OF U/M HEALTH SYSTEM	27,965					27,965
HELLNER & ASSOCIATED INC	24,695					24,695
ST JOSEPH MERCY OAKLAND	22,933					22,933
BMA ANN ARBOR	22,007					22,007
MERCY MOUNT CLEMENS CORP	21,493					21,493
ST MARYS MERCY HOSPITAL	21,425					21,425
ANNAPOLIS HOSPITAL	17,649					17,649
MCCULLOUGH HYDE MEMORIAL	16,962					16,962
SINAI-GRACE HOSPITAL	16,498					16,498
SAINT JOSEPH MERCY SALINE HOSPITAL	16,492					16,492
GENZYME CORPORATION	16,280					16,280
CRAIG CATTELL	16,275					16,275
SAINT JOSEPH MERCY LIVINGSTON	15,965					15,965
HERITAGE HOSPITAL	13,766					13,766
MAYO CLINIC ROCHESTER-PHYSIC	13,686					13,686
PORT HURON HOSPITAL	13,389					13,389
HENRY FORD HOSPITAL	12,889					12,889
WRIGHT & FILIPPIS	12,443					12,443
IHA OF ANN ARBOR	12,358					12,358
OAKWOOD SOUTHSORE MEDICAL	12,247					12,247
BIXBY MEDICAL CENTER	12,173					12,173
GARDEN CITY HOSPITAL	11,631					11,631
OAKWOOD AMBULATORY LLC	11,371					11,371
ANES ASSOC OF ANN ARBOR	11,173					11,173
PARRISH MEDICAL CENTER	10,481					10,481
0199999 Total - Individually Listed Claims Unpaid	1,135,262					1,135,262
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	5,612,368	333,932	191,240	248,152	136,014	6,521,706
0499999 Subtotals	6,747,630	333,932	191,240	248,152	136,014	7,656,968
0599999 Unreported claims and other claim reserves						15,229,551
0699999 Total Amounts Withheld						1,769,303
0799999 Total Claims Unpaid						24,655,822
0899999 Accrued Medical Incentive Pool and Bonus Amounts						3,323,802

21 Exhibit 5 - Amounts Due From Parent NONE

22 Exhibit 6 - Amounts Due to Parent NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	62,468,519	25.855			62,468,519	
2.	Intermediaries						
3.	All other providers						
4.	Total capitation payments	62,468,519	25.855			62,468,519	
Other Payments:							
5.	Fee-for-service	43,487,395	17.999	X X X	X X X	28,698,594	14,788,801
6.	Contractual fee payments	56,963,444	23.577	X X X	X X X	56,961,822	1,622
7.	Bonus/withhold arrangements - fee-for-service	7,776,443	3.219	X X X	X X X	7,776,443	
8.	Bonus/withhold arrangements - contractual fee payments	21,926,729	9.075	X X X	X X X	21,926,729	
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments	48,987,250	20.275	X X X	X X X	48,987,250	
12.	Total other payments	179,141,261	74.145	X X X	X X X	164,350,838	14,790,423
13.	Total (Line 4 plus Line 12)	241,609,780	100.000	X X X	X X X	226,819,357	14,790,423

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	Total .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. DIVISION:
BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 95452

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	102,251		102,251										
2. First Quarter	103,212		103,212										
3. Second Quarter	104,532		104,532										
4. Third Quarter	101,835		101,835										
5. Current Year	102,752		102,752										
6. Current Year Member Months	1,233,972		1,233,972										
Total Member Ambulatory Encounters for Year:													
7. Physician	395,547		395,547										
8. Non-Physician	708,671		708,671										
9. Total	1,104,218		1,104,218										
10. Hospital Patient Days Incurred	37,452		37,452										
11. Number of Inpatient Admissions	8,064		8,064										
12. Health Premiums Written	279,275,693		279,275,693										
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	278,005,779		278,005,779										
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	241,609,780		241,609,780										
18. Amount Incurred for Provision of Health Care Services	246,870,412		246,870,412										

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 0000

REPORT FOR: 1. CORPORATION: 2. DIVISION:
BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95452

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	102,251		102,251										
2. First Quarter	103,212		103,212										
3. Second Quarter	104,532		104,532										
4. Third Quarter	101,835		101,835										
5. Current Year	102,752		102,752										
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12. Health Premiums Written	279,275,693		279,275,693										
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	278,005,779		278,005,779										
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	241,609,780		241,609,780										
18. Amount Incurred for Provision of Health Care Services	246,870,412		246,870,412										

30 Grand Total

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 11	
2.2	Totals, Part 3, Column 7	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 14	
4.2	Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	
6.	Increase (decrease) by foreign exchange adjustment	
6.1	Totals, Part 1, Column 12	
6.2	Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	
8.	Book/adjusted carrying value at the end of current period	
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	

SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period (Page 2,mortgage lines, Net Admitted Assets column)	

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. Government, Schedules D & DA (Group 1)											
1.1	Class 1	1,011,117					1,011,117	100.00	4,071,604	67.30	1,011,117	
1.2	Class 2											
1.3	Class 3											
1.4	Class 4											
1.5	Class 5											
1.6	Class 6											
1.7	TOTALS	1,011,117					1,011,117	100.00	4,071,604	67.30	1,011,117	
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Class 1								96,805	1.60		
2.2	Class 2											
2.3	Class 3											
2.4	Class 4											
2.5	Class 5											
2.6	Class 6											
2.7	TOTALS								96,805	1.60		
3.	States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1	Class 1											
3.2	Class 2											
3.3	Class 3											
3.4	Class 4											
3.5	Class 5											
3.6	Class 6											
3.7	TOTALS											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Class 1											
4.2	Class 2											
4.3	Class 3											
4.4	Class 4											
4.5	Class 5											
4.6	Class 6											
4.7	TOTALS											
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1	Class 1											
5.2	Class 2											
5.3	Class 3											
5.4	Class 4											
5.5	Class 5											
5.6	Class 6											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6.	Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1	Class 1											
6.2	Class 2											
6.3	Class 3											
6.4	Class 4											
6.5	Class 5											
6.6	Class 6											
6.7	TOTALS											
7.	Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1	Class 1								1,881,744	31.10		
7.2	Class 2											
7.3	Class 3											
7.4	Class 4											
7.5	Class 5											
7.6	Class 6											
7.7	TOTALS								1,881,744	31.10		
8.	Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1	Class 1											
8.2	Class 2											
8.3	Class 3											
8.4	Class 4											
8.5	Class 5											
8.6	Class 6											
8.7	TOTALS											
9.	Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1	Class 1											
9.2	Class 2											
9.3	Class 3											
9.4	Class 4											
9.5	Class 5											
9.6	Class 6											
9.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1	Class 1	1,011,117					1,011,117	100.00	X X X	X X X	1,011,117	
10.2	Class 2								X X X	X X X		
10.3	Class 3								X X X	X X X		
10.4	Class 4								X X X	X X X		
10.5	Class 5						(c)		X X X	X X X		
10.6	Class 6						(c)		X X X	X X X		
10.7	TOTALS	1,011,117					(b) 1,011,117	100.00	X X X	X X X	1,011,117	
10.8	Line 10.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year												
11.1	Class 1	1,002,200	1,294,654	718,827	722,460	2,312,012	X X X	X X X	6,050,153	100.00	6,050,152	
11.2	Class 2						X X X	X X X				
11.3	Class 3						X X X	X X X				
11.4	Class 4						X X X	X X X				
11.5	Class 5						X X X	X X X	(c)			
11.6	Class 6						X X X	X X X	(c)			
11.7	TOTALS	1,002,200	1,294,654	718,827	722,460	2,312,012	X X X	X X X	(b) 6,050,153	100.00	6,050,152	
11.8	Line 11.7 as a % of Col. 8	16.56	21.40	11.88	11.94	38.21	X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds												
12.1	Class 1	1,011,117					1,011,117	100.00	6,050,152	100.00	1,011,117	X X X
12.2	Class 2											X X X
12.3	Class 3											X X X
12.4	Class 4											X X X
12.5	Class 5											X X X
12.6	Class 6											X X X
12.7	TOTALS	1,011,117					1,011,117	100.00	6,050,152	100.00	1,011,117	X X X
12.8	Line 12.7 as a % of Col. 6	100.00					100.00	X X X	X X X	X X X	100.00	X X X
12.9	Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.00					100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds												
13.1	Class 1										X X X	
13.2	Class 2										X X X	
13.3	Class 3										X X X	
13.4	Class 4										X X X	
13.5	Class 5										X X X	
13.6	Class 6										X X X	
13.7	TOTALS										X X X	
13.8	Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9	Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
(b) Includes \$..... current year, \$..... prior year of bonds with Z designations and \$..... current year, \$..... prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
(c) Includes \$..... current year, \$..... prior year of bonds with 5* designations and \$..... current year, \$..... prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1.	U.S. Governments, Schedules D & DA (Group 1)											
1.1	Issuer Obligations	1,011,117					1,011,117	100.00	4,071,604	67.30	1,011,117	
1.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
1.7	TOTALS	1,011,117					1,011,117	100.00	4,071,604	67.30	1,011,117	
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Issuer Obligations								96,805	1.60		
2.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3	Defined											
2.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5	Defined											
2.6	Other											
2.7	TOTALS								96,805	1.60		
3.	States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1	Issuer Obligations											
3.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3	Defined											
3.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5	Defined											
3.6	Other											
3.7	TOTALS											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Issuer Obligations											
4.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3	Defined											
4.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5	Defined											
4.6	Other											
4.7	TOTALS											
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, SCH. D & DA (Group 5)											
5.1	Issuer Obligations											
5.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3	Defined											
5.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5	Defined											
5.6	Other											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 TOTALS											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations								1,409,787	23.30		
7.2 Single Class Mortgage-Backed/Asset-Backed Securities								471,957	7.80		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 TOTALS								1,881,744	31.10		
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations											
8.7 TOTALS											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
10. Total Bonds Current Year											
10.1 Issuer Obligations	1,011,117					1,011,117	100.00	X X X	X X X	1,011,117	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities								X X X	X X X		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 TOTALS	1,011,117					1,011,117	100.00	X X X	X X X	1,011,117	
10.8 Line 10.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	1,002,200	1,279,656	628,874	661,767	2,005,699	X X X	X X X	5,578,196	92.20	5,578,195	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities		14,998	89,953	60,693	306,313	X X X	X X X	471,957	7.80	471,957	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						X X X	X X X				
11.4 Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 TOTALS	1,002,200	1,294,654	718,827	722,460	2,312,012	X X X	X X X	6,050,153	100.00	6,050,152	
11.8 Line 11.7 as a % of Column 8	16.56	21.40	11.88	11.94	38.21	X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	1,011,117					1,011,117	100.00	5,578,195	92.20	1,011,117	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Securities								471,957	7.80		X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											X X X
12.6 Other											X X X
12.7 TOTALS	1,011,117					1,011,117	100.00	6,050,152	100.00	1,011,117	X X X
12.8 Line 12.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	100.00					100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										X X X	
13.6 Other										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Column 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							X X X	X X X	X X X	X X X	

SCHEDULE DA - PART 2
Verification of SHORT-TERM INVESTMENTS Between Years

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year	1,002,200	1,002,200			
2.	Cost of short-term investments acquired	8,917	8,917			
3.	Increase (decrease) by adjustment					
4.	Increase (decrease) by foreign exchange adjustment					
5.	Total profit (loss) on disposal of short-term investments					
6.	Consideration received on disposal of short-term investments					
7.	Book/adjusted carrying value, current year	1,011,117	1,011,117			
8.	Total valuation allowance					
9.	Subtotal (Lines 7 plus 8)	1,011,117	1,011,117			
10.	Total nonadmitted amounts					
11.	Statement value (Lines 9 minus 10)	1,011,117	1,011,117			
12.	Income collected during year	7,484	7,484			
13.	Income earned during year	8,917	8,917			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

40	Schedule DB Part A Verification	NONE
40	Schedule DB Part B Verification	NONE
41	Schedule DB Part C Verification	NONE
41	Schedule DB Part D Verification	NONE
41	Schedule DB Part E Verification	NONE
42	Schedule DB Part F Sn 1 - Sum Replicated Assets	NONE
43	Schedule DB Part F Sn 2 - Recon Replicated Assets	NONE
44	Schedule S - Part 1 - Section 2	NONE

SCHEDULE S - PART 2

**Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates						
90611 ...	41-1366075 ...	01/01/2004	ALLIANZ LIFE INS CO OF NORTH AMER	Minneapolis, Minnesota	132,731 .....	.....
0599999 Total - Accident and Health, Non-Affiliates					132,731 .....	.....
0699999 Totals - Accident and Health					132,731 .....	.....
0799999 Totals - Life, Annuity and Accident and Health					132,731 .....	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates												
90611 ...	41-1366075 ...	01/01/2004	ALLIANZ LIFE INS CO OF NORTH AMER	Minneapolis, Minnesota	SSL/L/G	937,818	.....	.....	.....	.....	.....	.....
0299999 Total - Non-Affiliates						937,818	.....	.....	.....	.....	.....	.....
0399999 Totals						937,818	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				N O N E									
1199999 Totals (General Account and Separate Accounts combined) .....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2004	2 2003	3 2002	4 2001	5 2000
A. OPERATIONS ITEMS					
1. Premiums	938	841	889	897	1,295
2. Title XVIII-Medicare					76
3. Title XIX - Medicaid			194	212	298
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	938	841	1,083	1,109	1,669
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	133	22	247	339	1,146
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	61,571,436		61,571,436
2. Accident and health premiums due and unpaid (Line 12)	1,516,138		1,516,138
3. Amounts recoverable from reinsurers (Line 13.1)	132,731	(132,731)	0
4. Net credit for ceded reinsurance	X X X	132,731	132,731
5. All other admitted assets (Balance)	3,360,217		3,360,217
6. Total assets (Line 26)	66,580,523		66,580,523
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	24,655,822		24,655,822
8. Accrued medical incentive pool and bonus payments (Line 2)	3,323,802		3,323,802
9. Premiums received in advance (Line 8)	3,863,443		3,863,443
10. Reinsurance in unauthorized companies (Line 18)			
11. All other liabilities (Balance)	839,416		839,416
12. Total liabilities (Line 22)	32,682,483		32,682,483
13. Total capital and surplus (Line 30)	33,898,040	X X X	33,898,040
14. Total liabilities, capital and surplus (Line 31)	66,580,523		66,580,523
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses	132,731		
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables	132,731		
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance	132,731		

SCHEDULE Y (continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	38-3175878	ST. JOSEPH ANN ARBOR					56,240,090				56,240,090	
	38-2663747	TRINITY HEALTH PLANS					29,875,228				29,875,228	
	38-2507173	CATHERINE MCAULEY HEALTH SERVICES					3,380,192				3,380,192	
	38-3176536	ST. JOSEPH HOSPITAL PONTIAC					1,838,595				1,838,595	
	38-2947657	MERCY MT. CLEMENS					1,490,500				1,490,500	
	38-3521763	ST. MARY'S MERCY HOSPITAL					830,727				830,727	
	38-3274342	MERCY HOSPITAL PORT HURON					476,590				476,590	
	38-3176540	SALINE COMMUNITY HOSPITAL					297,164				297,164	
	38-3176225	MCPHERSON HOSPITAL					287,098				287,098	
	38-3176457	ST. JOSEPH MERCY OAKLAND					125,310				125,310	
	382684671	MIDWEST MEDFLIGHT					80,453				80,453	
	38-3082434	MACOMB MRI CENTERS, INC					50,900				50,900	
	383280200	WESTSHORE HEALTH NETWORK					48,183				48,183	
	383229573	MERCY HOSPITAL GRAYLING					37,806				37,806	
	383175868	MCPHERSON HOME CARE					24,576				24,576	
	382884297	TRI HOSPITAL MRI CENTER					20,986				20,986	
	383229575	MERCY HOSPITAL CADILLAC					16,103				16,103	
	383175874	MERCY GENERAL HEALTH PARTNERS					14,877				14,877	
	383176445	ST MARY'S HEALTH					12,282				12,282	
	382776791	MERCY HOSPITAL BATTLE CREEK					6,082				6,082	
	383320701	MERCY AMICARE HOME HEALTH CARE					3,823				3,823	
	383320698	MERCY AMICARE					3,299				3,299	
95452	38-2694901	CARE CHOICES HMO					(95,160,864)				(95,160,864)	
9999999 Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
MARCH FILING	
1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
3. Will an actuarial certification be filed by March 1?	Yes
4. Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes
5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
6. Will the Life Supplement be filed with the state of domicile and the NAIC by March 1?	No
7. Will the Property/Casualty Supplement be filed with the state of domicile and the NAIC by March 1?	No
APRIL FILING	
8. Will Management's Discussion and Analysis be filed by April 1?	Yes
9. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	No
10. Will the Investment Risks Interrogatories be filed by April 1?	Yes
JUNE FILING	
11. Will an audited financial report be filed by June 1 with the state of domicile?	Yes
Explanations:	

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



954522004360000002004Document Code: 360

Health Life Supplement



954522004205000002004Document Code: 205

Health Property / Casualty Supplement



954522004207000002004Document Code: 207

LTC Experience Reporting Form C



954522004330000002004Document Code: 330

Supp8	Supp. Inv. Risk Interr. Pt B	NONE
Supp9	Supp. Inv. Risk Interr. Pt C	NONE
Supp10	Supp. Inv. Risk Interr. Pt D	NONE
Supp11	Supp. Inv. Risk Interr. Pt E	NONE
Supp12	Supp. Inv. Risk Interr. Pt F	NONE
Supp13	Life Supplement Title Page	NONE
Supp14	Exhibit 5 - Aggregate Reserve for Life	NONE
Supp15	Exhibit 5 - Interrogatories	NONE
Supp16	Exhibit 7 - Deposit Type Contracts	NONE
Supp17	Schedule S - Part 1 - Section 1	NONE
Supp18	Schedule S - Part 3 - Section 1	NONE
Supp24	Property Supplement Title Page	NONE
Supp25	Schedule F Part 1 Assumed Reinsurance	NONE
Supp26	Schedule F Part 3 Ceded Reinsurance	NONE
Supp27	Schedule P - Part 1 Summary	NONE
Supp8, Supp9, Supp10, Supp11, Supp12, Supp13, Supp14, Supp15, Supp16, Supp17, Supp18, Supp24, Supp25, Supp26, Supp27		

Supp28	Schedule P - Part 1A	NONE
Supp29	Schedule P - Part 1B	NONE
Supp30	Schedule P - Part 1C	NONE
Supp31	Schedule P - Part 1D	NONE
Supp32	Schedule P - Part 1E	NONE
Supp33	Schedule P - Part 1F Sn 1	NONE
Supp34	Schedule P - Part 1F Sn 2	NONE
Supp35	Schedule P - Part 1G	NONE
Supp36	Schedule P - Part 1H Sn 1	NONE
Supp37	Schedule P - Part 1H Sn 2	NONE
Supp38	Schedule P - Part 1I	NONE
Supp39	Schedule P - Part 1J	NONE
Supp40	Schedule P - Part 1K	NONE
Supp41	Schedule P - Part 1L	NONE

Supp42	Schedule P - Part 1M	NONE
Supp43	Schedule P - Part 1N	NONE
Supp44	Schedule P - Part 1O	NONE
Supp45	Schedule P - Part 1P	NONE
Supp46	Schedule P - Part 1R Sn 1	NONE
Supp47	Schedule P - Part 1R Sn 2	NONE
Supp48	Schedule P - Part 1S	NONE
Supp49	Schedule P - Part 2 Summary	NONE
Supp50	Schedule P - Part 2A	NONE
Supp50	Schedule P - Part 2B	NONE
Supp50	Schedule P - Part 2C	NONE
Supp50	Schedule P - Part 2D	NONE
Supp50	Schedule P - Part 2E	NONE
Supp51	Schedule P - Part 2F Sn 1	NONE
Supp51	Schedule P - Part 2F Sn 2	NONE
Supp51	Schedule P - Part 2G	NONE
Supp51	Schedule P - Part 2H Sn 1	NONE
Supp51	Schedule P - Part 2H Sn 2	NONE
Supp52	Schedule P - Part 2I	NONE
Supp52	Schedule P - Part 2J	NONE
Supp52	Schedule P - Part 2K	NONE
Supp52	Schedule P - Part 2L	NONE
Supp52	Schedule P - Part 2M	NONE
Supp53	Schedule P - Part 2N	NONE
Supp53	Schedule P - Part 2O	NONE
Supp53	Schedule P - Part 2P	NONE
Supp54	Schedule P - Part 2R Sn 1	NONE
Supp54	Schedule P - Part 2R Sn 2	NONE
Supp54	Schedule P - Part 2S	NONE
Supp56	Insurance Expense Exhibit Title Page	NONE

Supp57	Insurance Expense Exhibit Interrogatories	NONE
Supp58	Insurance Expense Exhibit Part I	NONE
Supp59	Insurance Expense Exhibit Part II	NONE
Supp60	Insurance Expense Exhibit Part II (Cont.)	NONE
Supp61	Insurance Expense Exhibit Part III	NONE
Supp62	Insurance Expense Exhibit Part III (Cont.)	NONE
PS32	Schedule P - Part 3 Summary (Work Paper)	NONE
PS33	Schedule P - Part 3A (Work Paper)	NONE
PS33	Schedule P - Part 3B (Work Paper)	NONE
PS33	Schedule P - Part 3C (Work Paper)	NONE
PS33	Schedule P - Part 3D (Work Paper)	NONE
PS33	Schedule P - Part 3E (Work Paper)	NONE
PS34	Schedule P - Part 3F Sn 1 (Work Paper)	NONE
PS34	Schedule P - Part 3F Sn 2 (Work Paper)	NONE
PS34	Schedule P - Part 3G (Work Paper)	NONE
PS34	Schedule P - Part 3H Sn 1 (Work Paper)	NONE
PS34	Schedule P - Part 3H Sn 2 (Work Paper)	NONE
PS35	Schedule P - Part 3I (Work Paper)	NONE
PS35	Schedule P - Part 3J (Work Paper)	NONE
PS35	Schedule P - Part 3K (Work Paper)	NONE
PS35	Schedule P - Part 3L (Work Paper)	NONE
PS35	Schedule P - Part 3M (Work Paper)	NONE
PS36	Schedule P - Part 3N (Work Paper)	NONE
PS36	Schedule P - Part 3O (Work Paper)	NONE
PS36	Schedule P - Part 3P (Work Paper)	NONE
PS37	Schedule P - Part 3R Sn 1 (Work Paper)	NONE
PS37	Schedule P - Part 3R Sn 2 (Work Paper)	NONE
PS37	Schedule P - Part 3S (Work Paper)	NONE

INDEX TO HEALTH ANNUAL STATEMENT

Accident and Health Insurance; 18
Accounting Changes and Corrections of Errors; Q11; 25, Note 2
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